

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10523328

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
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17	1		1			
18		1		1		
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41	1					
42	1					
43	1					
44	1					
45		1		1		
46	1					
47		1		1		
48	1					
49		1		1		
50	1					
TOTAL IND.	19	↓	12	↓		↓
TOTAL DEP.	20	←	24	←		←
TOTAL CLAIMS	89		36			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						